PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

appropriate. All further indicated unless correct maintenance fee notifies	correspondence includited below or directed of	ng the Patent, advance of herwise in Block 1, by	orders and notification (a) specifying a new c	of m	naintenance fees woondence address;	/ill be r and/or	nailed to the current (b) indicating a separate	correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.				
31976 7590 10/13/2011 Wellstat Management Company. LLC LEGAL DEPARTMENT 930 CLOPPER ROAD GAITHERSBURG, MD 20878					Certificate of Mailing or Transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.				
	110, 1112 20010							(Depositor's name)	
								(Signature)	
								(Date)	
APPLICATION NO. FILING DATE		FIRST NAMED INVE		NTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.	
09/664,444 09/18/2000		John C Bell		***************************************		18003		4773	
FITLE OF INVENTION	: ONCOLYTIC VIRUS								
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUB	PUBLICATION FEE C	OUE	PREV. PAID ISSUE	EFEB	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$870	\$0		\$0		\$870	01/13/2012	
EXAMINER		ART UNIT	CLASS-SUBCLASS	S				•	
ZEMAN, ROBERT A		1645	424-093600						
 I. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			(1) the names of a or agents OR, after (2) the name of a sample attorney 2 registered patent	pames of up to 3 registered patent attorneys and so of a single firm (having as a member a defauttorney or agent) and the names of up to ared patent attorneys or agents. If no name is on name will be printed. Douglas A. Golightly 2 2 3					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print of	эг type	>)				
PLEASE NOTE: Un recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NC	: data will appear on ti DT a substitute for filing	he par g an a	tent. If an assigne ssignment.	e is ide	entified below, the do	cument has been filed for	
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)									
WELLSTAT BIOLOGICS CORPORATION GAITHERSBURG, MARYLAND, USA									
Please check the appropr	iate assignee category or	categories (will not be p	printed on the patent);		Individual 🛭 Co	rporatio	on or other private gro	up entity 🔲 Government	
ia. The following fec(s) Issue Fee Publication Fee (N Advance Order - #	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card, Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-1677 (enclose an extra copy of this form).								
6. Change in Entity Sta	tus (from status indicated	l above)		-					
* *	s SMALL ENTITY statu		• •		-		ITY status, Sec 37 CF		
NOTE: The Issue Fee an nterest as shown by the	d Publication Fee (if requeecords of the United Sta	aired) will not be accepte tes Patent and Trademar	ed from anyone other the k Office.	nan th	e applicant; a regis	stered at	ttorney or agent; or the	assignee or other party in	
Authorized Signature /Douglas A. Golightly/					Date	Jani	uary 12, 2012		
Typed or printed nam		Registration No. 51244							
This collection of inform in application. Confiden ubmitting the complete	ation is required by 37 C tiality is governed by 35 d application form to the	FR 1,311. The informati U.S.C. 122 and 37 CFR USPTO, Time will vary	on is required to obtain 1.14. This collection i y depending upon the i	or re s estin	tain a benefit by the mated to take 12 m dual case. Any con	ne publi ninutes mments	c which is to file (and to complete, including on the amount of tim	by the USPTO to process) gathering, preparing, and e you require to complete	

submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.